

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>BB</i>	<i>CB10</i>	<i>10/10/00</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

BEST AVAILABLE COPY

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date						
Final	Original	5	10	7	15	1/19	
1	10/10/00	5	10	7	15	1/19	
2	✓	✓	✓	✓	✓	✓	
3	✓	✓	✓	✓	✓	✓	
4	✓	✓	✓	✓	✓	✓	
5	✓	✓	✓	✓	✓	✓	
6	✓	✓	✓	✓	✓	✓	
7	✓	✓	✓	✓	✓	✓	
8	✓	✓	✓	✓	✓	✓	
9	✓	✓	✓	✓	✓	✓	
10	✓	✓	✓	✓	✓	✓	
11	✓	✓	✓	✓	✓	✓	
12	✓	✓	✓	✓	✓	✓	
13	✓	✓	✓	✓	✓	✓	
14	✓	✓	✓	✓	✓	✓	
15	✓	✓	✓	✓	✓	✓	
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34							
35							
36							
37							
38							
39							
40							
41							
42							
43							
44							
45							
46							
47							
48							
49							
50							

Claim	Date						
Final	Original	5	10	7	15	1/19	
51							
52							
53							
54							
55							
56							
57							
58							
59							
60							
61							
62							
63							
64							
65							
66							
67							
68							
69							
70							
71							
72							
73							
74							
75							
76							
77							
78							
79							
80							
81							
82							
83							
84							
85							
86							
87							
88							
89							
90							
91							
92							
93							
94							
95							
96							
97							
98							
99							
100							

Claim	Date						
Final	Original	5	10	7	15	1/19	
101							
102							
103							
104							
105							
106							
107							
108							
109							
110							
111							
112							
113							
114							
115							
116							
117							
118							
119							
120							
121							
122							
123							
124							
125							
126							
127							
128							
129							
130							
131							
132							
133							
134							
135							
136							
137							
138							
139							
140							
141							
142							
143							
144							
145							
146							
147							
148							
149							
150							

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)